

JAN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44242

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Sugar Creek Primary Registration District No. 3034 Registered No. 224
 (c) City Proberly (d) Street No. 826 Concannon St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

David W. Patton
 (a) Residence, No. 826 Concannon St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Patton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1854
 7. AGE YEARS 84 MONTHS 5 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pa (STATE OR COUNTRY) 1

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Mrs Mary Patton
Proberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Proberly Mo DATE 12-15

19. FUNERAL DIRECTOR (NAME) Mahan and Son (ADDRESS) Proberly Mo

20. FILED Dec 14 1938 Ethel Blutin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1938 to Dec. 12 1938

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 9:30 am.

The principal cause of death and related causes of importance were as follows:

Do not know
(Natural cause)

Date of onset

Do not know

Other contributory causes of importance: Do not know once

Name of operation Date of 200

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following no

Accident, suicide, or homicide? no Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Meisel M. D.

(Address) Proberly, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-28-1009

Date Filed 1-9-29

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank D. DeWalt

Licensed Embalmer No. 3821

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.